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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number 09/634399 | Filing Date | | | | |
|--|---------------------------------|--------|-----------------------|--------|------------------------|--------|--|-------------|-------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
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| Total Indep | 2 | | | | | | | | | | | |
| Total Depend | 39 | | | | | | | | | | | |
| Total Claims | 41 | | | | | | | | | | | |
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| Total Indep | 1 | | | | | | | | | | | |
| Total Depend | 25 | | | | | | | | | | | |
| Total Claims | 26 | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|--|-------------|
| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | Application Number 09/634399 | Filing Date |
| Applicant(s) | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | |
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| Total Indep | 1 | | | | | | | | | | | |
| Total Depend | 8 | | | | | | | | | | | |
| Total Claims | 9 | | | | | | | | | | | |

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